



**Consultant Obstetrics & Gynaecology
United Lincolnshire Teaching Hospital**

Miss Narmatha Kangeyan
Consultant Gynaecologist
MD, MRCOG, BSCCP accredited





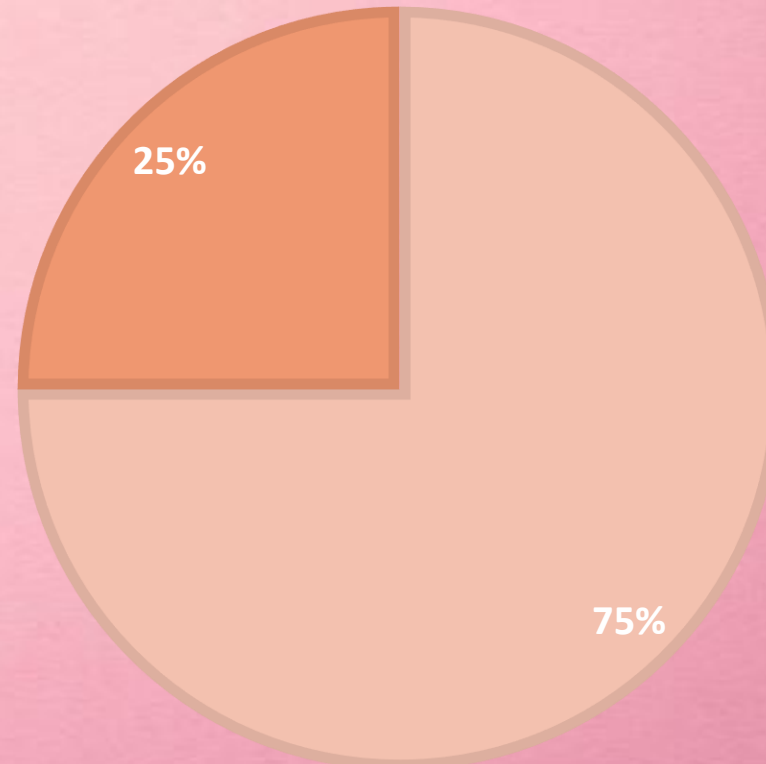
Facts

Prevalence of menopausal symptoms



MENOPAUSAL SYMPTOMS

■ Symptomatic ■ No symptoms



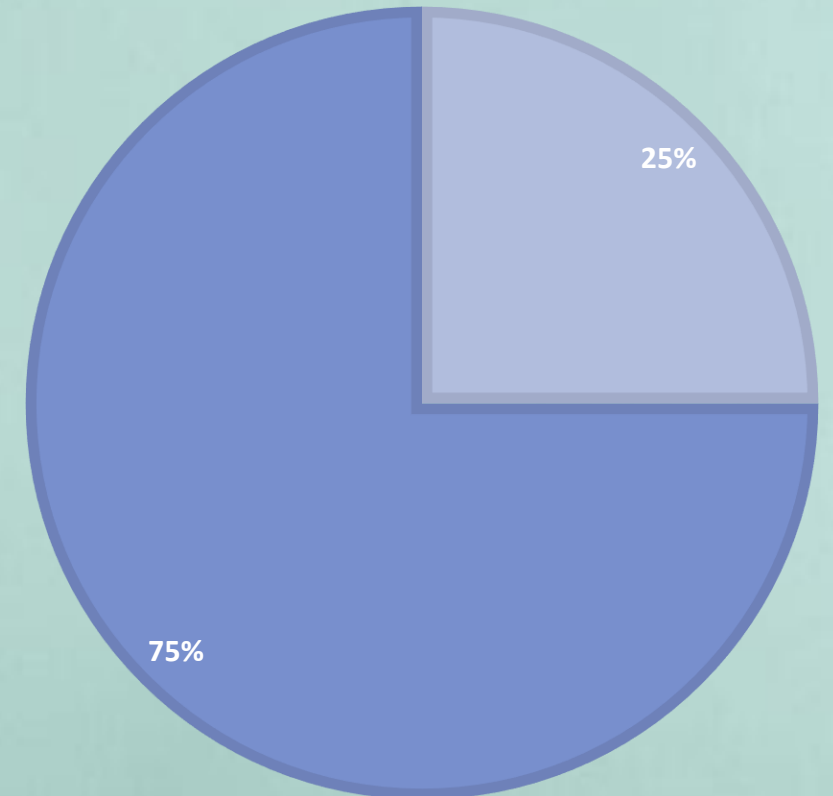
Understanding the severity of menopausal symptoms



A significant proportion of women experience severe menopausal symptoms impacting their physical and mental wellbeing.

SEVERITY OF SYMPTOMS

■ Severe ■ Mild to moderate



Duration of menopausal symptoms

Lifestyle

Diet, exercise, and stress management can impact symptom duration.

Genetics

Family history may play a role in the duration and severity of symptoms.

Factors Influencing Duration

Average
duration 3-7
years

Symptoms can start as early as 10 years before the onset of actual menopause

Health Conditions

Conditions like thyroid disorders can affect menopause symptoms.

The 4 Stages of Menopause

Early Menopause

Some women may experience early menopause due to illness, genetics, or medical procedures. Symptoms tend to mirror perimenopause

Early menopause

When one goes through menopause between 40-45 years

1

Premenopause

Starts when a woman enters her reproductive years and ends with the first signs of menopause. The beginning of premenopause can be defined as the first menstrual cycle.

2

Perimenopause

Estrogen levels begin to decline and fluctuate, causing unpredictable periods. It can last several years and common symptoms are hot flashes, dry skin and irregular periods.

3

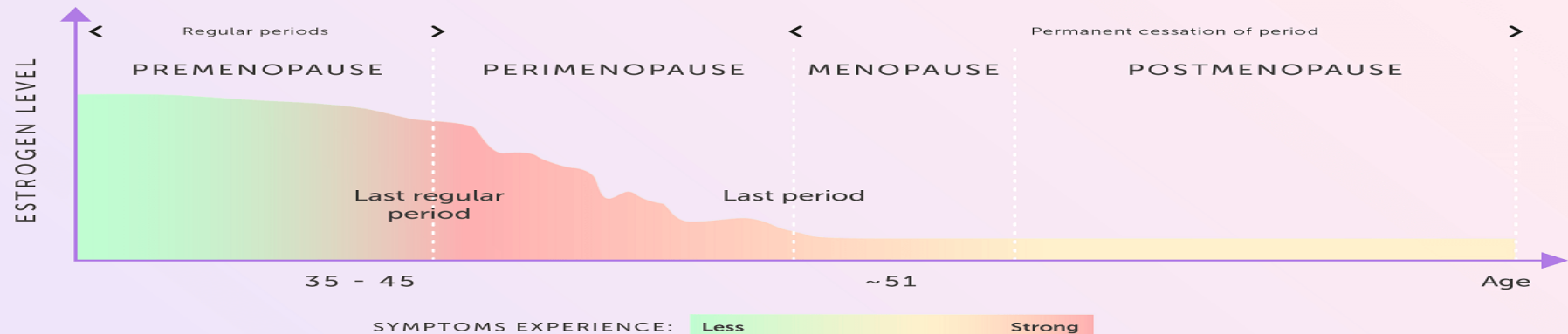
Menopause

Represents the end stage of a natural transition in a woman's reproductive life. The ovaries stop producing eggs and a woman can no longer get pregnant naturally. It is marked by the total cessation of the menstrual cycle for 12 months or more.

4

Post menopause

Refers to the stage after menopause occurs and lasts the remainder of your life. Due to decrease in estrogen, there's an increased risk of osteopenia, osteoporosis, and heart disease.



An infographic centered on a stylized illustration of a female reproductive system (uterus and ovaries) in shades of pink and red. The background is a light teal color with decorative floral and leaf patterns. A central light green oval contains the title 'Symptoms of Menopause'. Surrounding this central oval are seven other light green ovals, each containing a category of symptoms and a list of specific symptoms. The categories are: Physical symptoms, Sexual problems, Psychological symptoms, Urinary symptoms, Menstrual irregularities, Other symptoms, and Vulvo-vaginal symptoms.

Symptoms of Menopause

Physical symptoms

Hot flushes
Night sweats
Palpitations
Insomnia
Joint aches

Sexual problems

Dyspareunia
Hypo active sexual
Desire disorder (HSDD)

Psychological symptoms

Mood swings
Irritability
Anxiety
Difficulty concentrating
Difficulty coping
Forgetfulness

Vulvo-vaginal symptoms

Dryness
Itching
Discomfort
Burning

Urinary symptoms

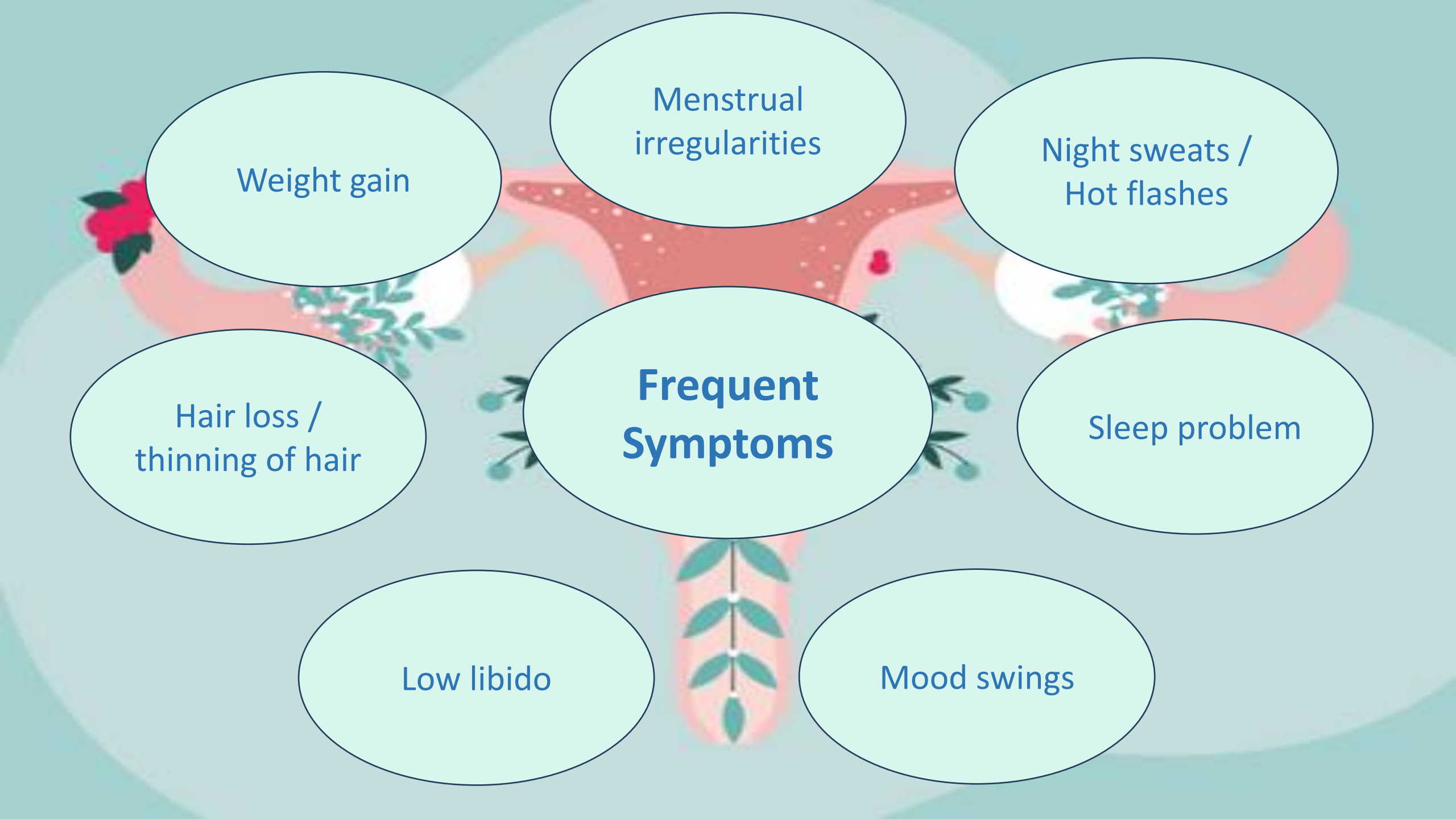
Recurrent UTIs
Increased frequency
Incontinence
Dysuria

Other symptoms

Hair thinning
Growth of unwanted hair
Dry skin
Itching
Brittle nails

Menstrual irregularities

Shorter periods
Prolonged periods
Shorter or longer gaps
Heavy periods



Menstrual
irregularities

Night sweats /
Hot flashes

Weight gain

**Frequent
Symptoms**

Sleep problem

Hair loss /
thinning of hair

Mood swings

Low libido

Impact of symptoms on daily life

These symptoms can significantly impact the quality of life, affecting work, relationships, and life in general.

More than a third

said their menopause had **impacted their work life.**

Many experienced symptoms they did not expect, including:

22%

unexpected sleeping problems/ insomnia

20%

difficulty with memory/ concentration

18%

experienced unexpected achy joints

79%

of women surveyed experienced hot flushes and

70%

experienced night sweats



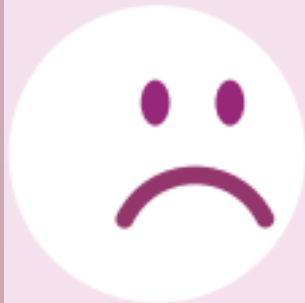
50%

of women aged 45-65 who have experienced the menopause in the past 10 years, **had not consulted a healthcare professional** about their menopause symptoms.



36%

women said their menopause symptoms **impacted their social life**



This despite women reporting on **average seven symptoms** and **42% feeling their menopause symptoms** were worse or much worse than they suspected.

50%

reported their menopause symptoms **impacted their sex life**



50% of women said their menopause symptoms had **impacted their home life.**

- [BMS-Infographics-JANUARY-2023-NationalSurveyResults.pdf](#)

Managing Menopause Symptoms

Lifestyle changes

Diet, exercise, sleep hygiene and stress management, can significantly improve menopausal symptoms



Hormone therapy (HRT)

Can alleviate hot flashes, night sweats, vaginal dryness and other symptoms of menopause



Managing menopausal symptoms is crucial for overall well-being

Alternative to HRT

Prescribable alternatives to HRT – Clonidine, Gabapentin, Pregabalin, SSRI and SNRI medications, Fezolinetant

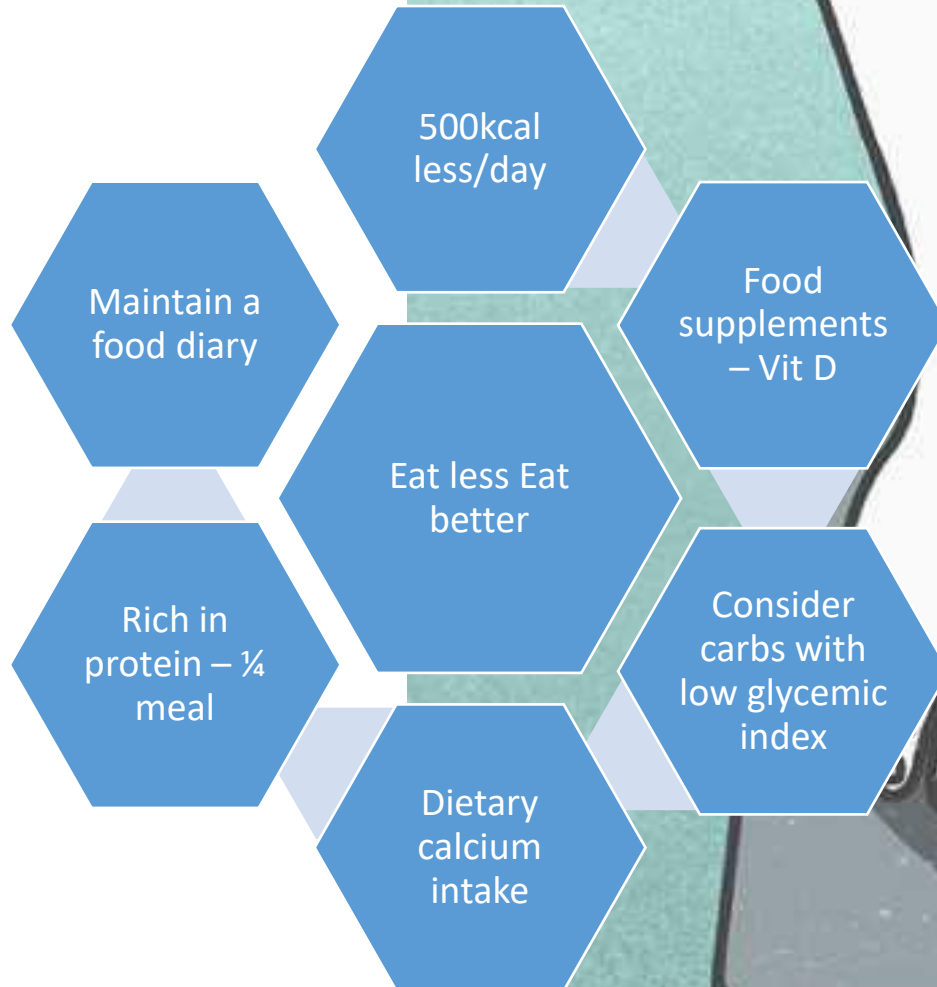


Other therapies

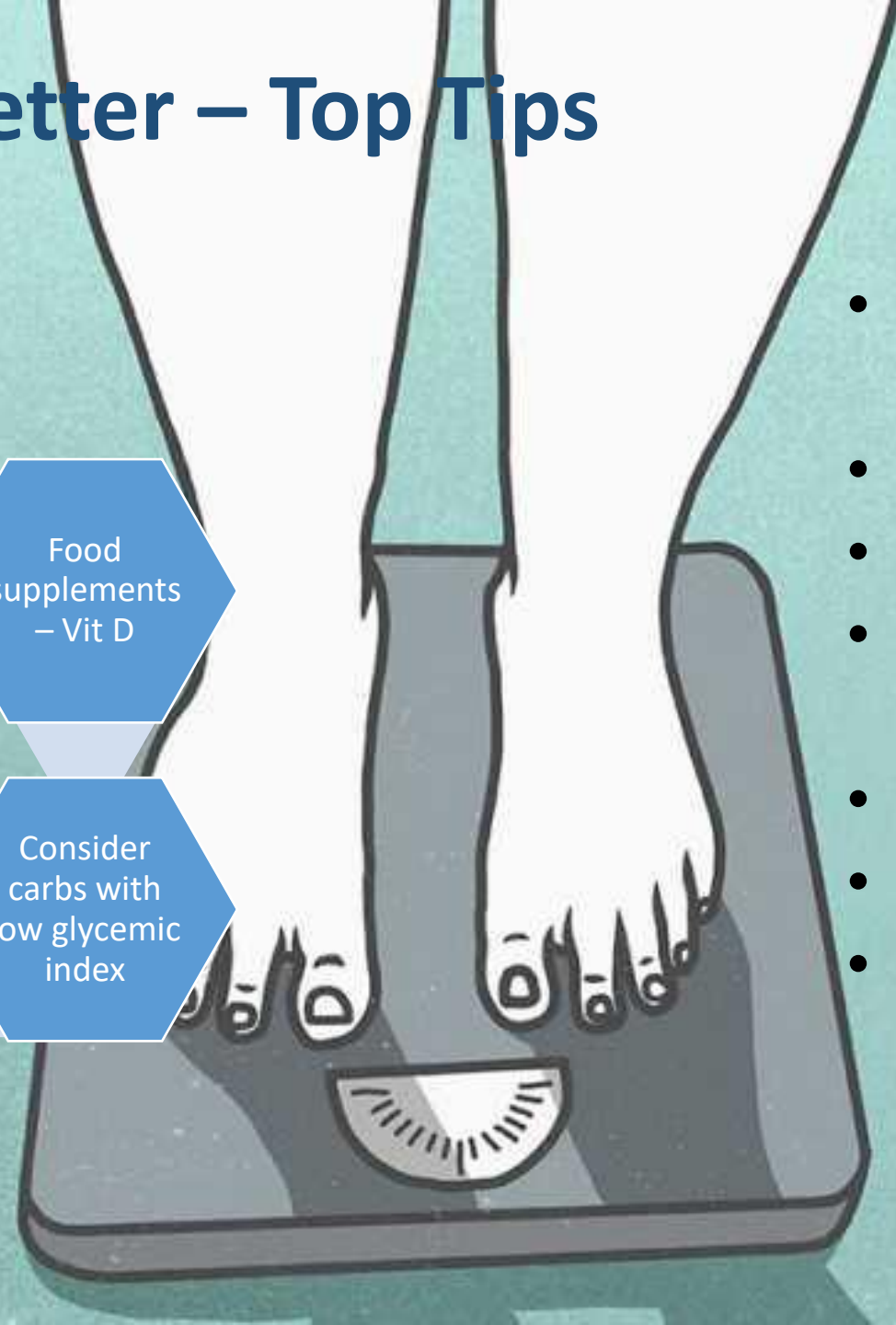
Acupuncture, yoga, herbal remedies, CBT, Homeopathy, reflexology can offer complementary relief from menopausal symptoms



Eat less, Eat better – Top Tips



- What happens during menopause?
- Bone density loss
- Muscle mass loss
- Change in body composition
- Slower metabolism
- Increase in cholesterol
- Weight gain



Move more

Exercise and its benefits during menopause

- Improved muscle mass and strength
- Improve bone density
- Improves joint health
- Improves mental well-being
- Improves energy levels



Strength training is non-negotiable:

Prioritize exercises like squats, lunges, push-ups, and weightlifting to combat muscle loss and maintain bone density, which can decline during menopause.

Low-impact or joint friendly activities:

Opt for activities like walking, swimming, cycling, or water aerobics to minimize joint stress and accommodate fluctuating energy levels.

Mind-body exercises:

Incorporate yoga or Pilates to improve flexibility, balance, and stress management.

Listen to your body:

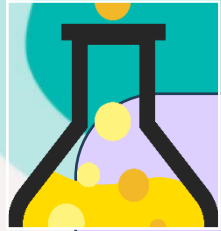
Pay attention to your symptoms like hot flashes and adjust your workout intensity or take breaks when needed.

Gradual progression:

Start slowly and gradually increase the duration and intensity of your workouts to avoid injury.



Hormone Replacement Therapy (HRT)



Composition

- Oestrogen only
- Oestrogen + Progesterone



Regime

- Cyclical
- Continuous



Route

- Oral
- Transdermal
 - Gel
 - Patch
 - Spray
- Implants



HRT Preparations



Combinations of HRT

Oestrogens

- Gel- 1/2/3/4 pumps
- Patch 25/ 37.5/
50/75/87.5/100 mcg
- Spray 1/2/3
- Tablets 0.5/1/2 mg

Progestogens

- Utrogestan 100,
200,300 mg
- Norethisterone 5mg
- Medroxyprogesterone
acetate 5/10mg
- Mirena coil

+

Combined patches

All combined patches
have a standard dose
of oestrogen – 50mcg
+ progestogen
Eg: Evorel conti
Femseven conti

Primary benefit from HRT

Symptom control-HRT effectively reduces the frequency and intensity of the symptoms

Physical symptoms

HRT effectively controls these symptoms

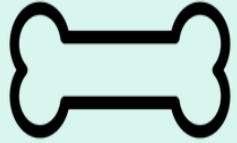
Cognitive symptoms

Maintaining oestrogen levels through HRT might be beneficial for cognitive health

Vulvo-vaginal symptoms

Helps restore moisture and comfort to the vaginal area

Additional benefits beyond symptom relief



Increases bone density
and reduces the risk of
osteoporosis



HEALTH



Offers cardiovascular benefits
when started within the first
10 years of menopause



HRT may support
cognitive function and
may lower the risk of
Alzheimer's

Other benefits:

Reduced risk of colorectal cancer
Reduced risk of Type 2 Diabetes

Key Risks

Understanding potential risks

1 Blood clots

HRT can increase risk of blood clots, especially in oral forms. Transdermal HRT is risk neutral until age 60.

2 Stroke

Risk of stroke might be elevated especially in older women.

3 Breast Cancer

Long term use of certain HRT can slightly increase the risk in post-menopausal women.

4 Chronic Heart Disease

Possible increase when combined HRT started in older women (>60), or with pre-existing CHD

5 Endometrial cancer

If oestrogen only given when uterus present. Reduced by addition of progestogen.

Who should avoid HRT?



1

- **History of blood clots:** Avoid HRT if possible if you have had blood clots

2

- **Cancers:** Breast, womb and certain types of ovarian cancer -should talk to their doctor before considering HRT

3

- **Liver disease:** Severe Liver Disease is a contraindication

4

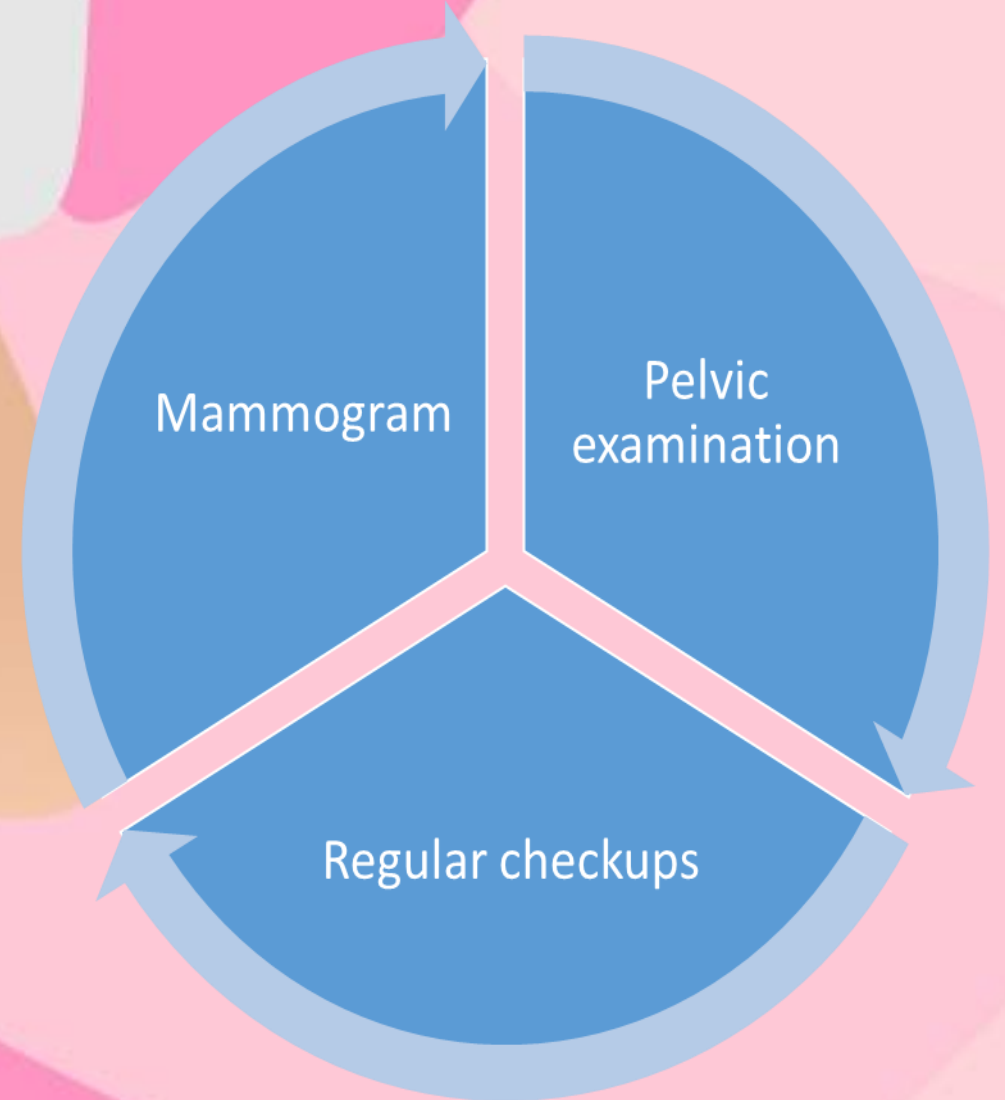
- **Unexplained bleeding:** Should avoid HRT until further investigations

Monitoring and follow up

Consistent monitoring ensures safety and efficiency

Report any unusual symptoms promptly

Work closely with your healthcare provider



Cancer connections

“Debunking the biggest HRT fear”

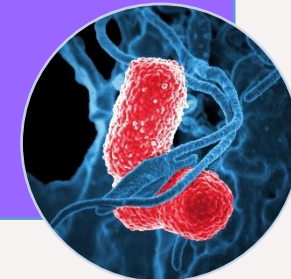
- Initial studies linked HRT to cancers. These studies used older forms of HRT.

Early studies



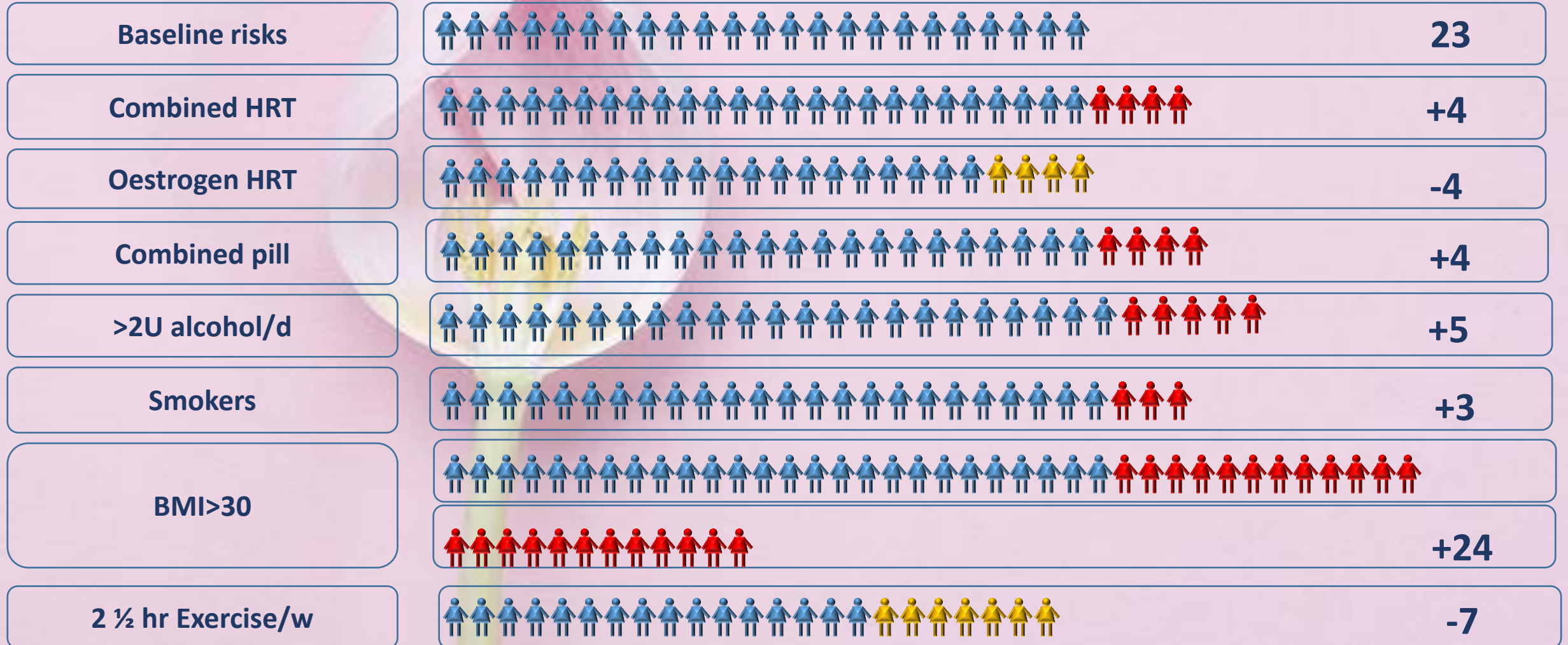
- The risk is lower than previously thought. Some types of HRT even may have a protective effect.

Modern research



A Comparison of Breast Cancer Risk

The difference in breast cancer incidence per 1,000 women aged 50-59
Approximate number of women developing breast cancer over the next 5 years



Impact of duration and timing

Longer duration

Longer duration of HRT use is associated with increased risk

Early use

Starting HRT closer to menopause may have a lower risk profile

Individual assessment

Risk assessment should consider timing and individual risk factors



Breast cancer survivors

1

Breast cancer survivors

HRT is not generally recommended due to the potential risk of recurrence

2

Non-hormonal alternative

Non-hormonal alternatives and lifestyle measures should be explored for symptom management

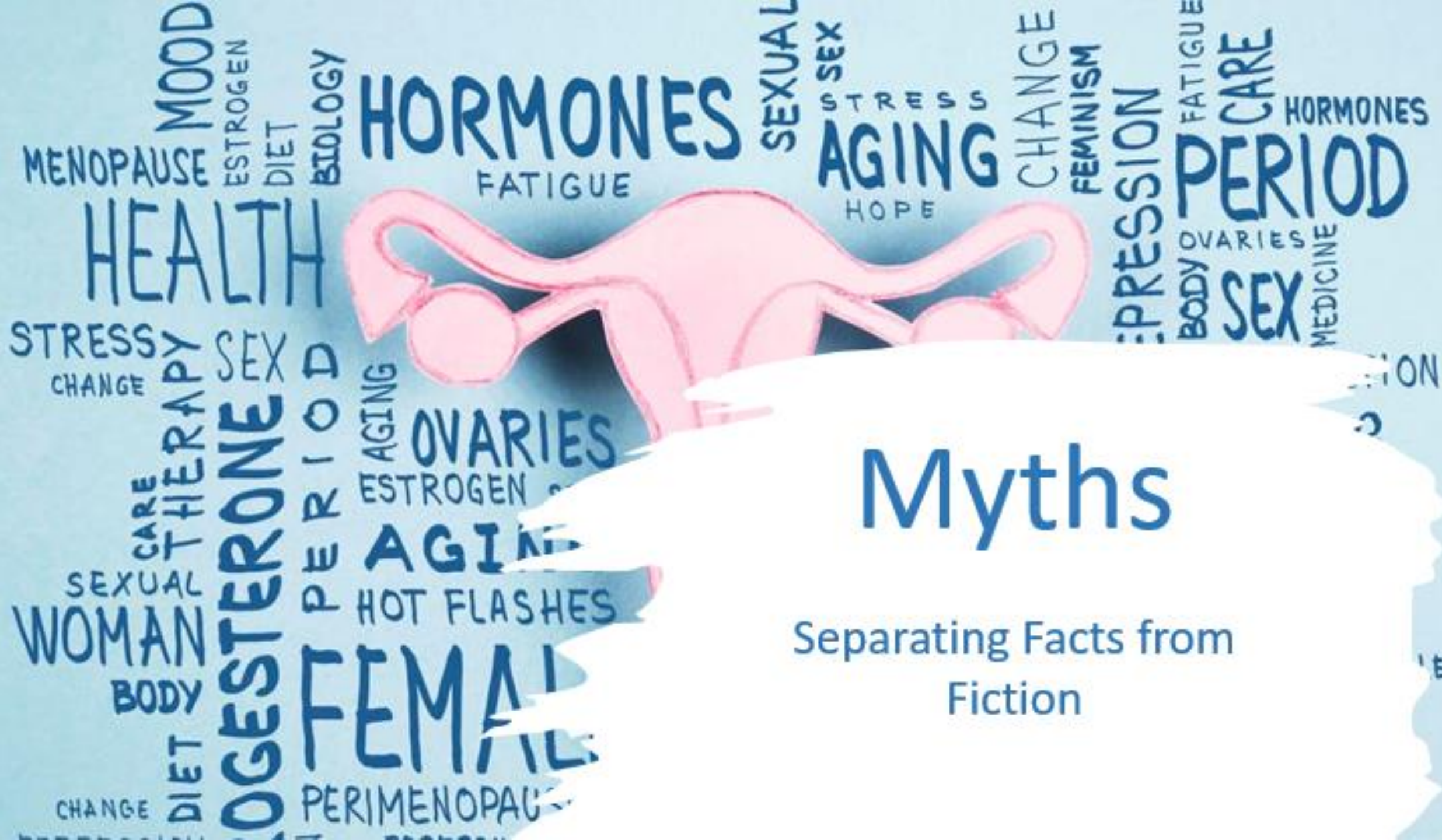
3

Consultations

Oncologist and specialised gynaecologist should be involved in decision making

Risk of cancers with HRT

Endometrial cancer	Unopposed estrogen therapy: Increased risk of endometrial cancer	Sequential combined HRT >5 years: May be associated with small increase in risk of endometrial cancer	Continuous combined HRT: Neutral effect on risk of endometrial cancer
Ovarian cancer	Epidemiological studies: Increase in risk of serious and endometrioid ovarian cancer with HRT	RCT data (WHI): No increase in risk of ovarian cancer with HRT	
Cervical cancer	No increase in the risk of cervical cancer with HRT		
Colorectal cancer	Reduced risk of colorectal cancer with oral combined HRT The risk reduction became less after stopping HRT over 13 years cumulative follow-up No effect in the estrogen alone group		



Myths

Separating Facts from Fiction

HRT causes weight gain
Weight gain is always part of Menopause

You need to stop HRT at 60

Menopause gives you weak bones

Everyone experiences Menopause the same.
The first sign of Menopause is hot flashes

Libido always decreases after Menopause

Testosterone is 3rd component of HRT

HRT causes Breast Cancer

HRT is as risky as contraceptive pills

If you take HRT, you no longer require
contraception

You should wait until your symptoms are
unbearable before taking HRT

You need blood tests and examination before
your doctor will prescribe HRT

Natural remedies are safer than HRT

Women don't produce any female hormones
after Menopause

HRT increases the risk of heart attacks and
stroke

HRT causes weight gain

Weight gain and menopause

- Muscle wasting
- Low metabolic rate
- Reduced activity

Weight gain and HRT

There's no evidence to support this claim. There may be some weight gain during the menopause, but this often happens regardless of HRT

Does HRT lead to weight loss

Activity and exercise are the best way to increase the body's ability to burn calories

Good nutrition and an active lifestyle remain the cornerstone of a healthy menopause.

[19-BMS-TfC-Menopause-Nutrition-and-Weight-Gain-JUNE2023-A.pdf](#)

You need to stop HRT at 60

There is no upper age limit for stopping HRT. This is an individual decision between yourself and your doctor

NICE guideline says that women can continue to take HRT as long as the benefits outweigh the risk

BMS says if HRT is to be used in women > 60, lower doses and preferably the transdermal route of Oestrogen administration and micronised progesterone

**Taking HRT within the first 10 years of menopause benefits outweigh the risks.
After 60, there is an increase in incidents of stroke and breast cancer.
Annual review with your doctor is essential to ensure that it is appropriate to continue HRT**

Menopause gives you weak bones

Osteoporosis

Risk of osteoporosis is largely determined by genetics

Bone mass

Women lose up to 20% of their bone mass in the first 5 to 7 years after menopause

Modifying risk

Bone thinning can be modified by nutritional factors and exercise

Oestrogen remains the treatment of choice for osteoporosis prevention in postmenopausal women at risk and in those with premature ovarian insufficiency

**Everyone experiences menopause the same.
The first sign of menopause is hot flashes**

Menopause symptoms vary between cultures, countries, and individuals.

The first sign of the perimenopause is usually, but not always, **a change in the normal pattern of periods**, for example, they become irregular

The duration and severity of symptoms can also vary from person to person. Lifestyle, environmental, and genetic factors play a role.

Libido always decreases after Menopause

Testosterone is the 3rd component of HRT

The ovarian production of testosterone declines after menopause but continues until 55.
Adrenal glands and peripheral tissues continue to produce testosterone after menopause.

Not all women with low testosterone levels c/o of low libido (HSDD) even on direct questioning.

Testosterone supplementation should only be considered in women who complain of low sexual desire after a biopsychosocial approach has excluded other causes.

The NICE Menopause Guideline (NG23) and the BMS recommend that a trial of conventional HRT is given before testosterone supplementation is considered

HRT causes Breast Cancer

Oestrogen only
HRT is associated
with no or lower
risk of Breast
Cancer

If you take
transdermal body-
identical hormones,
there is no increased
risk of breast cancer
for the first five years.

The risk is less than
the risk associated
with being
overweight,
drinking >2U/d or
not exercising.

[12-BMS-TfC-Fast-Facts-HRT-and-Breast-Cancer-Risk-NOV2022-A.pdf](#)

BMS: HRT and Breast cancer- Fast facts

We no longer require contraception if we are on HRT

HRT contains the same hormones as contraceptives, but at much lower doses

HRT contains synthetic oestrogen and progesterone, which carries more risks than HRT

More options of transdermal preparations are available in HRT, which are safer.

**HRT does not offer contraception
FSRH recommends contraception until age 55**

You should wait until your symptoms are unbearable before taking HRT

You can take HRT if you feel you need them, even if you are having periods

It is preferable if you also start making some lifestyle changes.

Taking HRT within the first 10 years of menopause will reduce your risk of cardiovascular disease and osteoporosis.

Most women begin their menopausal transition between the age of 45 and 55, but it can happen earlier.

“Menopause is a point in time. One doesn’t stay in menopause forever.”

You need blood tests and examination before your doctor will prescribe HRT

You don't require blood tests if you are over 45 and experiencing menopausal symptoms.

As a minimum, your doctor will want to check your blood pressure.

Your doctor may want to do other investigations if concerned about other causes.

When to check hormone levels (FSH)

- Ages >45 with atypical symptoms
- Aged 40-45 with menopausal symptoms and change in menstrual cycle
- Less than 40 years, suspected of premature ovarian failure
- Over 50 years on progesterone only contraception, which has caused amenorrhoea – to ascertain the need for continuing contraception.

Natural remedies are safer than HRT

'Natural' does not mean that it is automatically safe and free from potentially damaging chemicals.

Unpredictable doses

Many herbal medicines have unpredictable doses and purity.

Side effects and interactions

Some products have significant side effects and interaction with other medicines.

Unregulated

Herbal remedies are not regulated by a medical authority.

Women don't produce any female hormones after Menopause

After Menopause, Oestrogen synthesis happens in the adipose tissue. Adipose tissue converts androgens to Oestrogen.

The adrenal glands produce androgens. A hormone called aromatase changes androgens into oestrogen.

Ovaries continue to produce androgens until approximately 55 years.

HRT increases the risk of Heart Attacks and Stroke

Oral HRT and older HRT were thought to increase risk. This was especially for older women > 60.

Bioidentical HRT and transdermal preparations may not pose the same risk. It depends on timing, dose and type of hormones.

Heart health depends on individual factors. Consider age, BMI, health, HRT type.

TAKING HRT WITHIN THE FIRST 10 YEARS OF MENOPAUSE REDUCES THE RISK OF HEART ATTACK AND STROKE

We no longer require contraception if we are on HRT

Consultation

Consult a health care provider and discuss your health history and concern

Benefits

Weigh potential benefits.
Consider symptoms relief and quality of life

Risks

Understand the risks. Know how they relate to you personally

